

C. CERTIFICATION:

No comments except this would have to be a programming change to our system.

D. FAIR HEARINGS

No comments.

E. FRAUD INVESTIGATIONS

Comments:

(b) Can 'claim unfound' be added after No IHE Established. No IHE Established (claim unfound)

(d) The instructions in this section is confusing. Is the benefit adjustment the amount of the claim/overpayment or the amount being recouped?

(f) How is this information to be tracked? By the system or individually? Or does the state make a determination based on survey from investigators?

(g) Costs are incurred in different cost centers for counties and State Office along with other program cost. Are investigators to keep track of costs or does the state make a determination based on a survey from investigators?

(h) This is very confusing. It says enter the total FTE dedicated to fraud investigations, as defined in section E, during the reporting period. Why not say how many staff are totally dedicated to fraud investigations, as defined in section E, and then how many are partially dedicated to SNAP fraud investigations and at what percentage of work time in reporting period is dedicated to fraud investigations. Example:

4 staff totally dedicated to fraud investigation= 4

57 partially dedicated to fraud investigation= 48 at 50%; 9 at 20 %

F. ADMINISTRATIVE DISQUALIFICATION HEARINGS:

(d) How is this information to be tracked on each individual? By the system or individually? Or does the state make a determination based on survey from investigators?

(e) The wording is confusing. Is this the total claim/overpayment amount on each individual totaled? Can it say claim or overpayment amount in (e)?

(f) The wording is confusing. Is this the amount recouped or the amount recouped and the amount the benefits decreased due to individual's disqualification?

H. REMARKS:

1) I like the idea of capturing all of this data but the issue is or will be programming. Basically, we would need a system to track a referral from the time detected to the end of an investigation. For example,

fraud referral sent date, date investigator start working on this referral, date investigator stop due to pending information/evidence, date started back, date sent to court or ADH request, date of end result (court or ADH decision or change to IHE if ADH not in favor of agency). Our current system is over 20 years old and I am not sure if it is capable of being programmed to capture this data. We can request changes but we are also looking into a new eligibility system. It is helpful to know this information is needed so we can include in request as a new system is developed.

2) Eligibility staff refer possible claims/fraud so they may indicated that a referral is IHE when it actually ends up being established as an IPV. Claims workers does not enter the type of referral in the system so this would be a change to our process that would have to be worked out.

3) This is an extreme amount of data to gather for one person to be responsible for gathering from varies divisions/program areas and submitting. I think it would be much easier and less error prone if report could be submitted monthly or at least quarterly instead of yearly.

4) If there is any state that has this information programmed automatically, it would be beneficial to know so that other states could send someone from IT area to that state to look at how they have it programmed.

5) Some of the wording is confusing and there may be different understand/interpretation among states. It may be beneficial to have a SERO workshop and have all the states bring all the information they gather for the 366B and have a group discussion. At the UCOWF various states from all regions mentioned issues with the 366B being correct due to the actual validation of the data that has to be gathered from different program areas. The FNS-366B and FNS-209 were hot topics of discussion at UCOWF.